DEPAR <u>CENT</u> E	RTMENT OF HEALTH	IAND HUMAN SERVICES			poc		: :0: 03/22/201 :M APPROVE
ININTEMEN	PRINCETON TRANS CARE AT NORTH  PRINCETON TRANS CARE AT NORTH  SUMMARY STATEMENT OF DEFICIENT (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFOINT TAG  F 155  483.10(b)(4) RIGHT TO REFUSE; FOR ADVANCE DIRECTIVES  The resident has the right to refuse the refuse to participate in experimental results and to formulate an advance directive specified in paragraph (8) of this section of the facility falled to complete a Physicial for Scope of Treatment (POST) for the residents (#3, #6, #7) of eleven resident reviewed.  The findings included:  Resident #3 was admitted on Merch 7.			ULTIPLE (	CONSTRUCTION	OMB N.	O. 0938-039 ATE SURVEY OMPLETED
ļ		445366	B. WING	g	·		212012042
PRINCE	TON TRANS CARE AT	<u>.                                    </u>		2811	t address, city, state, zip code Wesley Street NSON City, TN 37601	_1	<u>3/20/2013</u>
PREPIX	I FACH DESIGNACY	MIST BE DEFOCACION OF THE	ID PREF TAG	XIX	PROVIDER'S PLAN OF CORRECTS (EACH GORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	in nie	ONIE CONSTEUDN (X6)
99¤D	The resident has the refuse to participate in participate and to formulate and specified in paragraph. This REQUIREMENT by:  Based on medical refused on Scope of Treatment (#3, #6, #7) reviewed.  The findings included:  Resident #3 was adm.	vight to refuse treatment, to in experimental research, advance directive as th (8) of this section.  Is not met as evidenced cord review and interview mplete a Physician Orders of (POST) for three of eleven residents	F	165	F155- POST Form Immediate actions taken to place POST forms on 100% charts at time of finding  Will ensure presence of POST form on chart on admission by social worker by reviewing chart on admission  Social worker will monitor ongoing compliance of		5/2/2013
R P P P P P P P P P P P P P P P P P P P	entralegroses include inoxio Brain injury, an average of the Physicia 013, revealed, "Full Corn had not been con lerview with Registers arch 18, 2013, at 3:30 atton, confirmed the Fimpleted.  Seldent # 7 was admitted the Find diagnoses including that Fibriliation, and Ostale Fibriliation in the Physician Control of the	ng Persisient Psychoels, id Convulsions.  n's Orders dated March 7, lode (Resuscitate)."  record revealed the POST inplated.  ed Nurse (RN #1) on inplated.  p.m., at the nursing POST had not been ited on March 14, 2013, and the publics.	RE		process for 6 weeks on 100% of charts-compliance will be reported in quarterly QAPI meeting		

INTERM NHA Any delicious distances ending with an asterisk (\*) denotes a descioncy which the institution may be excused from correcting providing it to determined that obtain stated approved a sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days to day the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation. 415/2013

FORM CM8-2567(02-90) Provious Varsions Obsolele

Event ID: 5KH511

Facility IO: TN9004

Il continuation sheet Page 1 of 12

(X0) DATE

_ CENT	ERS FOR MEDICARI	I AND HUMAN SERVICES			FOR	D: 03/22/20 MAPPROV( D: 0888-03:
I STATEME	nt of Deficiencies Yor Correction	(X1) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DA	TE SURVEY MALEYED
		448388	B, WING	<b></b>	01	/20/2013
	PROVIDER OR SUPPLIER ETON TRANS CARE AT	NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 2611 WESLEY STREET JOHNSON CITY, TN 37801	103.	IAUIAU IS
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	Tement of Deficiencies Must be preceded by Full SC Identifying Information)	ID PREF TAG		RF	COMPLETION DATE
F 186	Conlinued From pag	xe 1	E4	55		
	Review of the Physic	clan's Orders dated March "Full Code (Resuscilate),"				
	Review of the medic had not been comple	eal record revealed the POST eled.				
	interview with RN #1 p.m., at the nursing of had not been comple	on March 19, 2013, at 1:00 stallon, confirmed the POST sted.				
F	Resident # 6 was ad with diagnoses inclu- and Sacral Pressure	milled on March 12, 2013, ling Diabeles, Depression, Ulcer.				
	Review of the Physic 12, 2013, revealed, "	lan's Orders daled March Full Code (Resuscilale)."				
	Review of the medica had not been comple	il record revealed (Ine POST led.		·		
	vermed the POST had resident #5, Interview facility did not have a	roh 19, 2013, at 11:30 a.m., I not been executed for continued and revealed the policy and procedure in this who transferred from a		·		
F 314	483,26(c) TREATMEN PREVENT/HEAL PRE	T/SVC\$ TO SSURE SORES	F 314	4		
r V d	esideni, the facility mu vho enters the facility i loes not develop presi ndividual'e clinical con	nensive assessment of a ust ensure that a realdent without pressure sores sure sores the dillon demonstrates that and a resident having				

<u>OENTE</u>	ERS FOR MEDICAR	E & MEDICAID SERVICES	<del></del>	'	707 N 8MO	M APPROVI 0. 0038-03
AND PLAN	OF CORRECTION .	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) D/	ATE SURVEY MPLETED
	<del> </del>	448356	B. WING_		0.0	)/20/2013
	PROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 0	HAVIAUTS
PRINCE	TON TRANS CARE A		1 :	2611 Wesley Syredt Johnson City, TN 37601		
(X4) IO PREFIX YAG	J REAGH DEFICIENCY	NEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAQ	Provider's Plan of Correct (Each Corrective Action Shol Orose-Referenced to the Affr Oeficiency)	II A be	COUPLET(O)
F 314	Continued From pa	ge 2	F 314	F314- Pressure		<del> </del>
	pressure sorea reca	VAS hacesson keelment and	L 914	Ulcer		
	l aattices to blowofe	i healing breveni intection and i		Immediate action		1
į	prevent new sores t	rom developing,		taken to decrease		1
ĺ				risk for pressure		}
- 1	This DEAL HOUSE	P 1		ulcer for resident #1		5/2/2013
	ру:	IT is not met as evidenced		by elevating heels		3/2/2013
}	Based on medical r	ecord review, observation,		In bed, upright		1
ì	aug iligiziem iue iau	IIIIV IAIIAd In agrees agree		mobility, and		
	higu and bloking ili	OTVARISONS to prevent one	j	continual		
- 1	ւ թոլաթու (Ա.Մ.) Անա գլ	PVAIODING a Siege II procesure I	ł	reassessment at		Í
ulcer on the tell hee reviewed.		, of eleven residents	]	each shift- all		ŀ
J'	reviewe¢.	j		residents assessed		ł
- ∤-	The findings included	4.	ľ	to ensure		
. 1	i ira miviliya mejudat	,ii	- !	compliance with		
Ì	Resident#1 was ado	nitted to the facility on March	- 1	skin care		
	ы, 40 IS. Wiin diadлo	タウス 「ひかいけんかん ごうりゃんしょ ヒーチー・・・・・	- 1	interventions	i	
- 1	zvanduunve Urobainv	. Acttic Ronal Callura		The DON and		
, , ,	JOURNAUM TOXICILV. (3	ross Hemaluria, and		Wound care nurse		
	Diabeles Melillus.	,	ľ	will re-educate	- 1	
	dedical reservi		1	licensed and	ì	
15	ounce record tealer	of the admission nursing	i	unlicensed staff on	1	
Ĭ,	-aft Heel Problem-M	March 11, 2013, revealed, eeds Further Assessment,"	-	skin assessment	i	
		odes Futtiet Assessment".		skills, appropriate	ŀ	
C	onlinued review of the	ne admission nursing	1	interventions, and	1	
; Q(	ocu <b>me</b> ntation under	Standard (gangelet	ì	documentation on	- 1	
1181	Kervention revealed.	"HOB (head of had) up on	1	careplan and	İ	5/2/2013
, 411	vio iliali su idedica:	RIJE GORĐINA MANII-A I	1	patient record by	- 1	المحصوبيون
(DF	ausiil as addrodrisia.	Protected Hoolofolhours !		4/19/2013- include	· į	
M	oleturized. Needs Fi	Ill sheet used if immobile,		skin condition/high	}	
'"	AIAMITTON MEGUS L	Hillor W2262WWY'.	1	risk areas on	j	1
Re	Inableer ed) to welve	's Plan of Care dated	•	standardized hand-	j	i
) Ma	arch 12, 2013, revea	i no documentation i	İ	off tool utilized		ľ
rej	lecting the idenified	problem with the	ļ	during shift report-	ļ	[
res	sident's heels,	* · · · · · · · · · · · · · · · · · · ·	į	Results of audit will	i	
L			ĺ	be reported at QAPI	ļ	l
MS-2867(0;	2-99) Provious Versions Obso	Diele Event ID:6KH5(1	Facility	meeting by DON		#ge 3 of 12

A SOLDING COMPLETED  A 446366  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  2611 WESLEY STREET  JOHNSON CITY, TN 37601  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEPICIENCY MUST DE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 314  Consinued From page 3  Completed  O3/20/2013  STREET ADDRESS, CITY, STATE, ZIP CODE  2611 WESLEY STREET  JOHNSON CITY, TN 37601  FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE  OATE  The DON Will sudit skin assessment resident sealed in a chair with the feet extended  STREET ADDRESS, CITY, STATE, ZIP CODE  2611 WESLEY STREET  JOHNSON CITY, TN 37601  FROVIDER'S PLAN OF CORRECTION (AS)  COMPLETED  O3/20/2013	JAT EMEN	IT OF DEFICIENCIES OF CORRECTION	(XI) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) O	Q. 0938-03 ATE SURVEY
AME OF PROVIDER OR SUPPLIER  PRINCETON TRANS CARE AT NORTH  STREET ADDRESS, CITY, STATS, ZIP CODE 2811 WEBLEY STREET JOHNSON CITY, TN 37801  GRACH DEPICIENCY MUST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 314  Continued From page 3  Cobservation on March 19, 2013, at 11:45 a.m., with registered murse (RN #3) revealed the resident seated in a chair with the feet extended over the fool rest with no pillow or heel protectors on the feet. Continued observation, assisted by RN #3, revealed a Slage II pressure ulcer on the left feet.  Interview with RN #3 on March 19, 2013, at 3:30 p.m., at the nursing station, revealed the pressure ulcer was measured as 1.0 cm. x 0.5 cm., no depth measurable, no draftnage noted. Interview revealed the Wound Care Nurse and the Registered Dielitian had been notified of the findings.  Cobservation on March 19, 2013, at 3:10 p.m., with RN #3 revealed the resident tying in the bad on their back. Configured observation cureled.				1	_		CC	OMPLETED
PRINCETON TRANS CARE AT NORTH    SUMMARY STATEMENT OF DEFICIENCIES   JOHNSON CITY, TN 37601	AME OF	PROVIDER OR SUBSULEA		B. WING	,—		<u> </u>	9/20/2013
Submary Statement of Deficiency with of Deficiency with registered Dispersion on March 19, 2013, at 11:45 a.m., with registered Dispersion on the feet. Continued observation, assisted by RN #3, revealed a Slage II pressure uicer on the left heel.    Interview with RN #3 on March 19, 2013, at 3:30 p.m., at the nursing station, revealed the pressure uicer was measured as 1.0 cm. x 0.5 cm., no depith measurable, no draftinge noted. Interview revealed the Wound Cara Nurse and the Registered Dispersion on March 19, 2013, at 3:10 p.m., with RN #3 revealed the resident lying in the bed on their back. Continued observation the feet was measured as 1.0 cm. x 0.5 cm., no depith measurable, no draftinge noted. Interview if the Registered Dispersion continued observation on the Registered Dispersion continued observation on the Registered Dispersion continued of the findings.					261	1 WESLEY STREET	- <b>.</b>	
Observation on March 19, 2013, at 11:45 a.m., with registered nurse (RN #3) revealed the resident seated in a chair with the feet extended over the foot rest with no pillow or heel protectors on the feet. Continued observation, assisted by RN #3, revealed a Slage If pressure ulcer on the left freet.  Interview with RN #3 on March 19, 2013, at 3:30 p.m., at the nursing station, revealed the pressure ulcer was measured as 1.0 cm. x 0.5 cm., no depth measurable, no drainage noted. Interview revealed the Wound Care Nurse and the Registered Dietitian had been notified of the findings.  Observation on March 19, 2013, at 3:10 p.m., with RN #3 revealed the resident typing in the bad on their back. Continued observations the bad on their back. Continued observation the bad on their back. Continued observations the bad on their back. Continued observations the bad on their back. Continued observations the bad on their back. Continued observations the bad on their back. Continued observations the bad on their back. Continued observations the bad on their back. Continued observations are the first per week.	(X4) ID PREFIX TAG	I TONUS DESIGNANT	T MUHI DE CHECERRO AV CILI	PREF	x T	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPRO	on Dee Printe	COMPLETION COMPLETION OATE
with registered nurse (RN #3) revealed the resident seated in a chair with the feet extended over the foot rest with no pillow or hee) protectors on the feet. Continued observation, assisted by RN #3, revealed a Stage II pressure ulcer on the left heet.  Interview with RN #3 on March 19, 2013, et 3:30 p.m., at the nursing station, revealed the pressure ulcer was measured as 1.0 cm. x 0.5 cm., no depih measurable, no drainage noted. Interview revealed the Wound Care Nurse and the Registered Dietitian had been notified of the findings.  Observation on March 19, 2013, at 3:10 p.m., with RN #3 revealed the resident tying in the bad on their back. Continued observation revealed.	F 314	Continued From po	age 3	F3	14		<del></del>	
	fi Cu	with registered man resident seated in a cover the foot rest wo in the feet. Contin RN #3, revealed a sleft heet.  Interview with RN # p.m., at the nursing utder was measured depth measurable, a revealed the Wound Registered Dietitian Indings.  Observation on Manual RN #3 revealed in their back. Contine resident their back.	se (RN #3) revealed the a chair with the feet extended with no pillow or heel protectors used observation, assisted by Slage II pressure vicer on the 3 on March 19, 2013, et 3:30 station, revealed the pressure if as 1.0 cm. x 0.5 cm., no no drainage noted. Interview if Cara Nurse and the had been notified of the oth 19, 2013, at 3:10 p.m., the resident tying in the bad bused observation revealed.			skin assessment accuracy, documentation in patient record and careplan, and interventions on 5		5/2/201
	Ti a : fer pre im res dri	the Director of Nationary Department, stationary bicycle, well. Confinued obsessaure ulcar on the provement. Confinuation is all fishing skin. With the confinuation of the confinuation o	rursing, in the Physical revealed lite resident riding with no heel protector on the rvellon revealed the left heel showed signs of ued observation of the evealed a large amount of					
Observation on March 20, 2013, at 9:50 a.m., with the Director of Nursing, in the Physical Therapy Department, revealed lite resident riding a stationary bicycle, with no heel protector on the feet. Continued observation revealed the pressure ulcer on the left heel showed signs of improvement. Continued observation of the resident's right heel revealed a large amount of dried flaking skin, with a large dried, toose skin lag attached to underlying dermie.	Off	erview with two Pati icera/Registered Nu io a.m., in the confe	lent Safely 14666 on March 20, 2013, at 14666 room, confirmed the			•		

CENTI	ERS FOR MEDICAR	TAND HUMAN SERVICES  & MEDICAID SERVICES			FOF	M APPROVE
STATEMEN	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) D	O. 0938-03: ATE SURVEY DAIPLETED
		445356	B. WING	<u> </u>	) n:	3/20/2013
	PROVIDER OR SUPPLIER		STR	EET ADDRESS, CITY, STATE, ZIP CODE 11 WEBLEY STREAT	1 0.	V/LUIZO 15
FRANCE	TON TRANS CARE AT	<u> </u>		OHNSON CITY, TN 37801		
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	confirmed the care president's needs for the literal with the Diagonal 20, 2013, at 9:00 e.n confirmed the Standa	ns had not been followed and plan had not included the wound care/prevention. rector of Nursing on March h., in the conference room, and interventions had not e resident's care plan had	F 314			
SSAD III	Restore Bladder Based on the resident assessment, the facilities leadent who enters the newelling catheter is a resident's clinical condition was newelled to inconfinent of b realment and services affections and to restor another as possible.  This REQUIREMENT y: Based on medical recipitation of the property of the property and interview the facility and interview the f	I's comprehensive ily musi ensure that a ne facility without an not catheterized unless the illion demonstrates that neessary; and a resident stadder receives appropriate a to prevent urinary tract re as much normal bladder is not met as evidenced	F 315	F315- Restore Bladder Function DON completed immediate counseling with licensed staff regarding adherence to MD order to restore as much bladder function as possible- DON reviewed each resident's chart to check foley status  DON will monitor foley status and foley dc date on 100% of patients through use of device report—		5/2/2013
<u>ነ</u> ተክ	ne findings included:			DON to ensure foley status is included on conf.		

FORM CMS-2587(02-99) Pravious Varsions Obsoleja

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If continuation sheet Page & of 12

	CRS FOR MEDICARI	& MEDICAID SERVICES			PRINTE	M APPROV
OIAJEMEI	NT OF DEFICITIONS OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIF/CATION NUMBER:	(X2) MULTIPLE	E CONSTRUCTION	(XO) D	<u>O. 0938-03</u> ATE SURVEY )MPLETED
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PRINCE	PROVIDER OR SUPPLIER TON TRANS CARE AT		25	EET ADDRESS, DIYY, STATE, ZIP CODE 11 WESLEY STREET DHNSON CITY, TN 37601	. 1 0	3/20/2013
(X4) IO PREFIX YAG	1 LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL O IDENTIFYING INFORMATION)	PREFIX TAG	Provider's Plan of Correct (Each Corrective Action Shot Cross-Referenced to the Appr Deficiency)	ION ILD BE OPRINE	COMPLETION DATE
F 316	Continued From pag	je 5	F 816			
in the case of the	admitted on March 1 including Necrotizing surgery for an Abdon Review of the physici included a "foley cath Retention. Review of March 6, 2013, included a "foley catheter" on March 16, 2013, included a the resident's care placeted in the resident's care placeted for the cast dent's at the cast dent's at the cast dent's	the physician's orders on led an order to remove the arch 7, 2013.  If revealed the following two as "Comments" section of in under Urinary Foley Bladder Ireining with foley and in a.m., 3/9/13 - foley g periods of incontinence" a cathater, was up and independently, and spoke a next day.  If ourse (RN #3) on March at the nursing station, not explain why the foley and March 7, 2013.  2013, in the nursing in the MDS Coordinator in following the overties and the following the coverties.		standardized report sheet and discussed in shift report-shift report includes licensed staff from outgoing and incoming shift  The DON will audit device report, hand off sheet, and foley status of 100% of patients with foley weekly- results of audit to be reported in QAPI by DON		5/2/2013

RTATEMEN	T Of hee)pigMales	E & MEDICAID SERVICES (X3) PROVIDER/SUPPLIER/CLA	(X2) MIN TIES	LE CONSTRUCTION		), 0938-03
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	- CONSTRUCTION	(X3) DA	ite Burvey Mpleted
		445358	B. WING		1 00	/20/2013
NAME OF I	ROMDER OR SUPPLIER		STR	REET ADDRESS, CITY, STATE, ZIP CODE	1. 09	72072010
PRINCE	TON TRANS CARE A	F NORTH	20	611 Wesley Street OHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	l (EACH OEFICIENC)	KTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	100	COMPLETION DATE
F 322	Continued From pa	ae 6	F 322			<del>                                     </del>
SS⊭D	RESTORE EATING	SKILLS	1 022	F322- PEG Tube Med		ļ
ĺ	Based on the comp	e to tremesesse evicader	• 1	Administration		İ
1	resident, the facility Who is fed by a near	must ensure that a resident gastrio or gastrostomy tube	1	DON completed Immediate		]
- 1	receives the approp	rigie freelment and services	i i	education of		}
. !	to prevent asphallor	n pneumonia, diarrhea, n, melabolic abnormalilles,		licensed staff		ļ
1	and nasel-bharvnaa	al Ulcara and to restore 1/		observed to be noncompliant with		
	possible, normal eat	ling skilis.	1	procedure for		5/2/201
			ļ	administering meds		
	This REQUIREMEN by:	T is not met as evidenced		through PEG tube		
- 1	Based on observable	on, facility policy review, and	1			
- 11	tilalatella, tub isculla	láliád la provide semicas la l	1	Educate licensed staff on	· ·	
3 6	irior to administerinc	nent and gastrio contents medications through a	}	proper procedure for		
ſľ	rercutansous Endos	dópic Gasiroslomy (PEG) 🔝 (	į	administering meds through PEG tube with		
į V	ope for one resident Sviewed.	(#4) of eleven residents	1	competency-based guiz to	ŀ	
_			•	ensure competency of 100%	ł	
	he lindings included			10070	}	
F	ealdeni #4 was adm	illied to the facility on	ĺ	DON to observe each of	1	
ĺ	eoruary 19, 2013, Wi Iultiple Fractures, De	lih diagnoses including	!	the licensed staff	- 1	
H	yperlension,	shi easion i and	ļ	administer medication through PEG tube to	- {	5/2/2013
	heervallon on Moust	40 0040 -10:00	į	monitor compliance-	- 1	VI 2013
( I e	AARIAN IICAU260 DISI	19, 2013, el 8:20 a.m., cilcal nurse (LPN #1)	[	Results to be reported in	}	
<del>0</del> 7	itered the room of re	isident #4 and prepared to 1	j j	QAPI meeting	i	
re l	ou inen agministered Sklent's PEG tube u	medications through the	į	DON to include	}	
PE	G lube placement	or gastrio residual.	}	education of proper	i	
- 1	view of the facility p			procedure in Annual	ļ !	
1174	iminisiration: Nasog Iminisiration: Nasog	ORCY Medication	i	Skills Fair	i	

CENT	KIMENT OF HEALTH ERS FOR MEDICARI	AND HUMAN SERVICES  MEDICAID SERVICES			PRINTE: FOR	D: 03/22/201 MAPPROVE
TOTALEME	NT OF DEFICIENCIES LOF CORRECTION	(X1) PROVIDER/SUPPLIGNCLIA IDENTIFICATION NUMBER:	A. BUILDING	е сонятицотом	<u> </u>	2 <u>. 0938-039</u> TE BURVEY MPLETED
711111111111111111111111111111111111111		445359	e. WING		03	/20/2013
	PROVIDER OR SUPPLIER TON TRANS CARE AT	NORTH	28	eet aodress, city, state, zip coi M1 Wesley street DHNSON City, TN 37801	DE	<u> </u>
(X4) ID PREFIX TAG	I LEAGH DEFICIENCY	ement of deficiencies Must de preceded by full C identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHUTH U DE	(X6) COMPLETION DATE
F 322	revealed, "12Check for tube13, Check for Administer liquid or continuous with LPN # a.m., outside the rea	k placement of feeding geal(Ic residual20, lissolved medication" 1 on March 19, 2013, at 8:35 Ident's foom confirmed (he EG Juba placement and	F 322			
88×F	483.36(I) FOOD PRO STORE/PREPARE/S The facility must - (1) Procure food from considered satisfactor authorities; and (2) Store, prepare, dis under sanitary condition	sources approved or y by Federal, State or local	F 371	,		
d n s:	y: Based on observation, ocumentation, and int naintain the dietary det anitary manner, he findings included: beervation of the dieta	erview the facility falled to partment in a clean and				
121	pervisor, revealed the state of various sixes state	with the Food Services of following: five cooking toked wel; thirty-nine				

CENT	<u>ERS FOR MEDICAR</u>	H AND HUMAN SERVICES RE & MEDICAID SERVICES			FOR	D: 03/22/20 MAPPROV	E
I STATEMEN	of Correction	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER;	Y. ORIFOR	TIPLE CONSTRUCTION	(X3) C	IO. 0938-03 ATE SURVEY OMPLETED	9
· · · · · · · · · · · · · · · · · · ·		445356	B. WING			3/20/2013	
	PROVIDER OR SUPPLIER TON TRANS CARE A			PTREET ADDRESS, CITY, STATE, ZIP CODE 2811 WESLEY STREET			_
(Y4) 1D	RUMARYST	ATEMENT OF DEFICIENCIES		JOHNSON CITY, TH. 97601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPR DEFICIENCY)	M BRE	COMPLEY(O)	H
	coffee oups lurned area, with moisture left outside panel of the flat of the flat of the flat of the flat of the flat of the flat of the flat of the plate warmer (Lowerstor) around the inside earound the inside earound the plate warmer with a food/grease is slicer.  Interview with Food 2013, at 10:46 a.m., previous Thureday as schedule.	down on a tray, in the serving inside; grease build up on the i the flet grill, in close proximity grease build up across top rill.  Ito revealed the "Dipping abserved to have food build as of the drawer. The plate was found with food debris ages and outside top portion. The meat slicer was found build up on the base of the Service Chef on March 19. In the distary department, ill was not cleaned on the is required on the cleaning	F \$7	F371- Kitchen Sanitation  Director of Dietary Services to complete re-education of dietary team regarding proper procedures to prevent wet-nesting  All cups will be placed in appropriate dish racks for cleaning/sanitizing through dish machine and will remain in racks until dry	ſ	5/2/2013	
	revealed, "Air dry all noluding pols, dishe pefore storageDo n velBallery of cook and under is free of f lustMixere, choppi	ers, elicers, polato peelers		Weekly compliance inspections to be completed by kitchen supervisor and dietician- results reported in QAPI meeting			
d C	1eroh 19, 2013, at 1: eparlment, confirme bservalion of the dit 013, at 2:10 p.m., re	ad Services Supervisor on 1:00 a.m., in the dietery id the above findings. Shwasher on March 18, Vealed the rinse water Fahrenheit (F), Continued		All areas noted as unsanitary were immediately cleaned by kitchen staff-kitchen supervisor confirmed presence of these areas on cleaning schedule		<i>5/2/</i> 2013	

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CENT	ERS FOR MEDICARI	AND HUMAN SERVICES & MEDICAID SERVICES			FOR	ÉD: 03/22/2( RM APPROV
AND PLAN	nt of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI. A. BUR.D	TIPLE CONSTRUCTION	(X3) C	IO. 0938-03 PATE SURVEY OMPLETED
		446358	B. WING	<u>.                                    </u>	1.	<b></b>
NAME OF	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	<u>3/20/2013</u>
PRINCE	ton trans care at	ИТЯ	- 1	2611 WESLEY SYREST JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	I PONTRUMENTOY	ELIENT OF DEFICIENCIES MUST DE PRECEDED BY FULL O IDENYIFYING INFORMATION)	PREFIX TAG	PROMORES PLAN OF CORRECT		COMPLETION OATE
File Control of the C	dishwasher) required temperature of 180 d the dishes.  Interview with the Fooduring the observation Services Supervisor of the dishes if the temperature of the dishes if the temperature of the dishes if the temperature of the dishes if the temperature of the dishes if the temperature of the dishes if the dishes if the dishes if the dishes if the dishes if the dishes if the dishes if the dishes if the dishes if the dishes if the dishes if the terview with the Foodure it is the dishes if the dishes in t	I the manufacturer's osted on the front of the lither inservator to reach a legrees F in order to sankize and Services Supervisor, on, revealed the Food anderstood the dishwesher lizer which was dispensed the rinse cycle to sankize erature falled to reach 180 dispensed the "sankizer" I sirip to show sankizer of substance and was not a liquid into the dishwesher. I gliquid into the dishwesher of (containing the hiwasher rinse water each as in use) revealed the frequently did not meet the frequently did	F 37	Weekly inspections conducted by kitchen supervisor and dietician for compliance with cleaning schedule  A second booster heater is to be added to dishwasher- work order in progress  Director of Dietary Services to complete training of food service staff on when to use a sanitizing solution and how to use the sanitizing solution completed, as well as continued monitoring of dishwasher temps on each cycle- results to be reported in QAPI meeting  Kitchen supervisor and dietician to		5/2/201
86 80	aled the distary staff s clion of the three com	od Sawice Supervisor anilized lite dishes in a pertment sink,		complete weekly inspections including review of recorded temperatures and		5/2/2013
Me	ordine Food (	Service Supervisor on a.m., in the dietary		sanitization tog- results to be reported in QAPI meeting		

FORM CMS-2687(02-89) Previous Versions Obsolete

Event 10:6KH611

Firefiny ID: TN9004

If continuation sheet Page 10 of 12

CE	PAKIMENI OF HEALTH	I AND HUMAN SERVICES			P		RM APPROVE
SYATE	MENT OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) NII		PLE GONSTRUCTION	<u>MB N</u>	<u>10, 0938-030</u>
AND P	LAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL			(X3) C	DATE SURVEY OMPLETED
<u> </u>	<del> </del>	445356	B. WING	<u>-</u>		10	3/20/2013
i	of provider or supplier	,			reet address, city, state, zip code		
PRIN	ICETON TRANS CARE AT	NORTH			2011 Wesley Syrret Johnson City, TN 37601		
(X4) PRE YA	FIX (EACH DEFICIENCY	Tement of deficiencies Must be preceded by full IC Identifying information)	PREFI TAG		Provider's PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RE DATE	OVIE COMPLETION (x9)
F8	having a problem slifted dishwasher would degrees "sometimes the Food Service Sometimes of the Food Service Sometimes of the Systems Open Maintenance Director Observation of the it with water on March revealed the sanitize solution (Quel 146) to Observation continue were made to have a the water without such interview with the Food March 19, 2013, at 9: station, after working the tubing had been to sanitizing solution from the food March 19, 2013, at 9: dishwasher was not in manufacturer's recome sanitization of the dish	ed the dishwasher had been ace February 12, 2013, and id reach a temperature of 180 pervisor revealed the hwasher had been reported rator Director and the raince February 12, 2013, aree compartment sink filled 19, 2013, at 9:35 a.m., realled to provide sentitizing to the rinse water, and while repeated attempts entitizer solution delivered to coss.  and Service Supervisor on 55 a.m., near the nursing with the sentitizer, confirmed the m reaching the dispenser, and Services Supervisor on 55 a.m., confirmed the compliance with the	F3	71	Manufacturer resolved tubing issues  Director of Dietary Services conducted staff training on how to utilize the three compartment sink, including demonstration on filling the sinks and testing with sanitizing strip- pH recorded with each use		5/2/2013
F 372 8S∘E	PROPERLY  The facility must dispo	GARBAGE & REFUSE	F 372	2			
	properly.						

FORM CM9-2567(02-99) Previous Varatons Obsolato

Eveni ID:6KH511

Facility ID: TN9004

If continuation shoel Page 11 of 12

Il continuation sheet Page 12 of 12

TATEMEN	ERS FOR MEDICAR TOF DEFICIENCIES	RE & MEDICAID SERVICES	<u> </u>		FORM APPROMENTS -8680, ON BMC	038
NO PLAN	OF CORRECTION	(X1) Providensupplier/olia IDENTIFICATION NUMBER:		CONSTRUCTION	(X0) DATE BURVE COMPLETED	
		445369	B. WING		03/20/201	2
PRINCE	PROVIDER OR SUPPLIER TON TRANS CARE A	AT NORTH	.28	et address, city, syate, zip code si wesley street Danson city, th 17601	03/20/201	<u>.</u>
(X4) ID PREFIX TAG	I FACH DEFICIENC	iatement of Deficiencies Dy Must be preceded by Full LSC identifying information)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (BACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D DE COLUME PRIATE DATE	) :TIC
F 372	   Conlinued From pa	age 11	F 372			
	by: Based on observa falted to meintain it santiary manner.  The findings include Observation on Ma with the Food Servi had four large unce can, and one barrel one half of the top o oovered.  Interview with the M three of the observat litems had remained years, confirmed op miscellaneous items	rch 18, 2013, al 10:10 a.m., ices Supervisor, revealed the and one of three dumpsters overed barrels, one large fling water, one small trash dolly. Observation revealed of the dumpster was not laintenance Director, at the lion, revealed the various in the area for twenty-two en containers and a should not be left eround the fled the dumpster was not		F372- Disposal of Garbage and Refuse Clutter identified around dumpsters immediately removed and lid closed on dumpster in question  Cleanliness and sanitation status of dumpsters will be monitored 3 times per week during walking rounds for 6 weeks by environmental services team	5/2/20	)1:

Pacifiy to: TN9004